

County: Marathon
CONTINENTAL MANOR
600 EAST ELM STREET

Facility ID: 2380

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ABBOTSFORD 54405 Phone:(715) 223-2359
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 60
Total Licensed Bed Capacity (12/31/02): 60
Number of Residents on 12/31/02: 60

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 59

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		40.0
Supp. Home Care-Personal Care	No					More Than 4 Years		51.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.7			8.3
Day Services	No	Mental Illness (Org./Psy)	31.7	65 - 74	8.3			-----
Respite Care	Yes	Mental Illness (Other)	3.3	75 - 84	26.7			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	53.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	15.0	65 & Over	98.3	-----		
Transportation	No	Cerebrovascular	26.7		-----	RNs		8.5
Referral Service	No	Diabetes	1.7	Sex	%	LPNs		5.4
Other Services	Yes	Respiratory	1.7		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	13.3	Male	25.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	75.0			34.7
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	1	2.6	113	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Skilled Care	8	100.0	334	37	97.4	97	0	0.0	0	14	100.0	137	0	0.0	0	0	0.0	0	59	98.3
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		38	100.0		0	0.0		14	100.0		0	0.0		0	0.0		60	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally		Total
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent		Number of Residents
Private Home/No Home Health		3.3			68.3		31.7		60
Private Home/With Home Health		4.9	Bathing		58.3		21.7		60
Other Nursing Homes		18.0	Dressing		51.7		18.3		60
Acute Care Hospitals		67.2	Transferring		53.3		20.0		60
Psych. Hosp.-MR/DD Facilities		0.0	Toilet Use		18.3		10.0		60
Rehabilitation Hospitals		0.0	Eating						60
Other Locations		6.6	*****						
Total Number of Admissions		61	Continence		%	Special Treatments		%	
Percent Discharges To:			Indwelling Or External Catheter		3.3	Receiving Respiratory Care		8.3	
Private Home/No Home Health		16.4	Occ/Freq. Incontinent of Bladder		41.7	Receiving Tracheostomy Care		0.0	
Private Home/With Home Health		21.3	Occ/Freq. Incontinent of Bowel		30.0	Receiving Suctioning		0.0	
Other Nursing Homes		4.9				Receiving Ostomy Care		1.7	
Acute Care Hospitals		4.9	Mobility			Receiving Tube Feeding		1.7	
Psych. Hosp.-MR/DD Facilities		0.0	Physically Restrained		0.0	Receiving Mechanically Altered Diets		45.0	
Rehabilitation Hospitals		0.0							
Other Locations		8.2	Skin Care			Other Resident Characteristics			
Deaths		44.3	With Pressure Sores		1.7	Have Advance Directives		83.3	
Total Number of Discharges			With Rashes		0.0	Medications			
(Including Deaths)		61				Receiving Psychoactive Drugs		13.3	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities									

		This Facility	Ownership:		Bed Size:		Licensure:		
			Proprietary		50-99		Skilled		All
		%	Peer Group		Peer Group		Peer Group		Facilities
			%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		98.3	84.7	1.16	87.1	1.13	85.3	1.15	85.1 1.16
Current Residents from In-County		30.0	81.6	0.37	81.5	0.37	81.5	0.37	76.6 0.39
Admissions from In-County, Still Residing		9.8	17.8	0.55	20.0	0.49	20.4	0.48	20.3 0.48
Admissions/Average Daily Census		103.4	184.4	0.56	152.3	0.68	146.1	0.71	133.4 0.78
Discharges/Average Daily Census		103.4	183.9	0.56	153.5	0.67	147.5	0.70	135.3 0.76
Discharges To Private Residence/Average Daily Census		39.0	84.7	0.46	67.5	0.58	63.3	0.62	56.6 0.69
Residents Receiving Skilled Care		100	93.2	1.07	93.1	1.07	92.4	1.08	86.3 1.16
Residents Aged 65 and Older		98.3	92.7	1.06	95.1	1.03	92.0	1.07	87.7 1.12
Title 19 (Medicaid) Funded Residents		63.3	62.8	1.01	58.7	1.08	63.6	1.00	67.5 0.94
Private Pay Funded Residents		23.3	21.6	1.08	30.0	0.78	24.0	0.97	21.0 1.11
Developmentally Disabled Residents		0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1 0.00
Mentally Ill Residents		35.0	29.3	1.19	33.0	1.06	36.2	0.97	33.3 1.05
General Medical Service Residents		13.3	24.7	0.54	23.2	0.57	22.5	0.59	20.5 0.65
Impaired ADL (Mean)		46.0	48.5	0.95	47.7	0.96	49.3	0.93	49.3 0.93
Psychological Problems		13.3	52.3	0.26	54.9	0.24	54.7	0.24	54.0 0.25
Nursing Care Required (Mean)		7.3	6.8	1.08	6.2	1.17	6.7	1.08	7.2 1.01